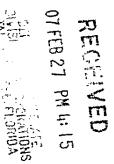
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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer	

Office Use Only



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SECRETARY OF STATE
TALL AHASSEF FLOOR



ACCOUNT	NO.	:	072100000032

REFERENCE : /

Level Resan

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: February 27, 2007

ORDER TIME : 2:27 PM

ORDER NO. : 778068-005

CUSTOMER NO: 4363637

# DOMESTIC FILING

NAME:

OBPFL-SUGAR CREEK 12A, LLC

### EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION ...

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS:

OTEBOT M. 8.28

ARTICLES OF ORGANIZATION FOR F	
ARTICLE I - Name: The name of the Limited Liability Company is	SCA CONTRACTOR OF THE PARTY OF
OBPFL-Sugar Creek 12A, LLC	7,5
(Must and with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10225 Ulmerton Road, Building 9A	10255 Ulmerton Road, Building 9A
Largo, FL 33771	Largo, FL 33771
	<u> </u>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)  The name and the Florida street address of the	stered Agent. You must designate an Individual or another
Corporation Service Compar	ny
Name	
1201 Hays Street	
	dress (P.O. Box NOT acceptable)
Tallahassee	FL 32301-2525
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
·	Cynthia L. Harris

(CONTINUED)
Page I of 2

(Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager Name and Address:

MGR"	Oakbrook Properties, Inc.		
	1600 E. Main Street, Suite B		
	St. Charles, IL 60174		
	·		
:			
	•		
Use attachment if necessary)			
, ,	(000000		
EV: Effective date, it other than the	ne date of filing: (OPTIO)		
	be specific and cannot be more than five business d		
lays after the date of filing.)			

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Truman J. Costello

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)